

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		1		1			53		
4		1		1			54		
5		1		1			55		
6		1		1			56		
7		2		1			57		
8		2		1			58		
9		1		1			59		
10		1		1			60		
11		0		0			61		
12		0		1			62		
13		0		1			63		
14		0		1			64		
15		0		1			65		
16	1		1				66		
17		0		1			67		
18		0		1			68		
19		0		1			69		
20		0		1			70		
21	1						71		
22	1		1				72		
23		0		0			73		
24		0		1			74		
25		0		1			75		
26		0		1			76		
27		0		1			77		
28		0		1			78		
29	1						79		
30	1		1				80		
31		1		1			81		
32		1		1			82		
33		3		1			83		
34	1						84		
35	1		1				85		
36		1		1			86		
37		2		1			87		
38		2		1			88		
39		2		1			89		
40		0		1			90		
41		0		1			91		
42	1						92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	↓		5		↓		TOTAL IND.	↓	
TOTAL DEP.	↓		33		↓		TOTAL DEP.	↓	
TOTAL CLAIMS	↓		38		↓		TOTAL CLAIMS	↓	